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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-079C-US
	First Named Inventor	Plowman, et al
	COMPLETE IF KNOWN	
	Application Number	10/532,406
	Filing Date	April 22, 2005
	Art Unit	
Examiner Name	Lamont M. Hunter	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

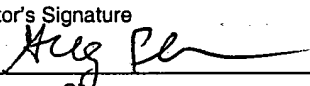
[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA			ZIP 94083-0511	
Country US			Telephone 650-837-8223			Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature 				Date 9/26/05			
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature				Date			
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship			
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Citizenship			
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Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
THOMAS I.		KOBIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Citizenship			
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 of 5

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
STEFAN			SCHULTE-MERKER		
Inventor's Signature				Date	
Residence: City	State	Country	NL DE		
Mailing Address HUBRECHT LABORATIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY					
Mailing Address 3584 CT UTRECHT					
City	State	ZIP	Country NL		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
ULRIKE			LANGHEINRICH		
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Mailing Address DERENDINGER STRASSE 104					
Mailing Address 72072 TUEBINGEN					
City	State	Zip	Country DE		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
GORDON MARK			STOTT		
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
San Francisco	Ca	US	GB		
Mailing Address 11 UPPER TERRACE					
Mailing Address					
City	State	Zip	Country		
San Francisco	CA	94117	US		

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 5

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
TORSTEN			TROWE		
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
				Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5					
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
				Country	US
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
ANDREAS MICHAEL			VOGEL		
Inventor's Signature				Date	
Residence: City		State		Country	CH
				Citizenship	DE
Mailing Address RAPPOLTSCHOF 3					
Mailing Address CH-4057 BASEL					
City		State		Zip	
				Country	CH
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
JOERG HEINRICH			ODENTHAL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18					
Mailing Address 72070 TUEBINGEN					
City		State		Zip	
				Country	DE

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page 4 of 5	

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
JOCHEN KONRAD			SCHEEL		
Inventor's Signature				Date	
Residence: City	San Carlos	State	CA	Country	US
				Citizenship	DE
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
				Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature				Date	
Residence: City	SAN MATEO	State	CA	Country	US
				Citizenship	CN
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B					
Mailing Address					
City	SAN MATEO	State	CA	Zip	94403
				Country	US

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Page <u>5</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
JOANNE I.			ADAMKEWICZ		
Inventor's Signature				Date	
Residence: City	SAN FRANCISCO	State	CA	Country	US
Mailing Address 1249 RHODE ISLAND STREET					
Mailing Address					
City	SAN FRANCISCO	State	CA	ZIP	94107
				Country	US
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
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Attorney Docket Number EX03-079C-US

First Named Inventor Plowman, et al

COMPLETE IF KNOWN

Application Number 10/532,406

Filing Date April 22, 2005

Art Unit

Examiner Name Lamont M. Hunter

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Name Laleh Shayesteh					
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511					
City South San Francisco		State CA		ZIP 94083-0511	
Country US		Telephone 650-837-8223		Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) GREGORY D.			Family Name or Surname PLOWMAN		
Inventor's Signature				Date	
Residence: City SAN CARLOS		State CA		Country US	Citizenship US
Mailing Address 35 WINDING WAY					
City SAN CARLOS		State CA		Zip 94070	Country US
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) FELIX D.			Family Name or Surname KARIM		
Inventor's Signature <i>Felix D. Karim</i>				Date 9/23/05	
Residence: City WALNUT CREEK		State CA		Country US	Citizenship US
Mailing Address 732 LAUREL DRIVE					
City WALNUT CREEK		State CA		Zip 94596	Country US
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Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
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HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
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Mailing Address 72074 TUEBINGEN			
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THOMAS I.		KOBIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
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Given Name (first and middle (if any))		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country NL	Citizenship DE
Mailing Address HUBRECHT LABORATIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY			
Mailing Address 3584 CT UTRECHT			
City	State	ZIP	Country NL
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address DERENDINGER STRASSE 104			
Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
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Given Name (first and middle (if any))		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
San Francisco	Ca	US	GB
Mailing Address 11 UPPER TERRACE			
Mailing Address			
City	State	Zip	Country
San Francisco	CA	94117	US

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page <u>3</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
TORSTEN				TROWE	
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
Mailing Address				Citizenship	
188 WINFIELD STREET, APTARTMENT 5				DE	
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
ANDREAS MICHAEL				VOGEL	
Inventor's Signature				Date	
Residence: City		State		Country	CH
Mailing Address				Citizenship	
RAPPOLTSCHOF 3				DE	
Mailing Address					
CH-4057 BASEL					
City		State		Zip	
				Country	CH
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
JOERG HEINRICH				ODENTHAL	
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address				Citizenship	
OTTO-ERBE-WEG 18				DE	
Mailing Address					
72070 TUEBINGEN					
City		State		Zip	
				Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 4 of 5

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
JOCHEN KONRAD			SCHEEL		
Inventor's Signature			Date		
Residence: City	San Carlos	State	CA	Country	US
			Citizenship	DE	
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
			Country	US	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature			Date		
Residence: City		State		Country	DE
			Citizenship	DE	
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
			Country	DE	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature			Date		
Residence: City	SAN MATEO	State	CA	Country	US
			Citizenship	CN	
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B					
Mailing Address					
City	SAN MATEO	State	CA	Zip	94403
			Country	US	

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship			
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number EX03-079C-US

First Named Inventor Plowman, et al

COMPLETE IF KNOWN

Application Number 10/532,406

Filing Date April 22, 2005

Art Unit

Examiner Name Lamont M. Hunter

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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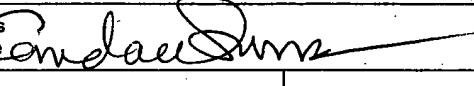
## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA			ZIP 94083-0511	
Country US			Telephone 650-837-8223			Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature						Date	
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature						Date	
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							



**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature 		Date 9/27/05	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
THOMAS I.		KOBIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 2 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country NL	Citizenship DE
Mailing Address HUBRECHT LABORATORIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY			
Mailing Address 3584 CT UTRECHT			
City	State	ZIP	Country NL
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address DERENDINGER STRASSE 104			
Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City San Francisco	State Ca	Country US	Citizenship GB
Mailing Address 11 UPPER TERRACE			
Mailing Address			
City San Francisco	State CA	Zip 94117	Country US

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page <u>3</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
TORSTEN				TROWE	
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
Mailing Address				Citizenship	
188 WINFIELD STREET, APTARTMENT 5				DE	
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
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<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
ANDREAS MICHAEL				VOGEL	
Inventor's Signature				Date	
Residence: City		State		Country	CH
Mailing Address				Citizenship	
RAPPOLTSCHOF 3				DE	
Mailing Address					
CH-4057 BASEL					
City		State		Zip	
				Country	CH
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
JOERG HEINRICH				ODENTHAL	
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address				Citizenship	
OTTO-ERBE-WEG 18				DE	
Mailing Address					
72070 TUEBINGEN					
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Page <u>4</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
JOCHEN KONRAD			SCHEEL		
Inventor's Signature				Date	
Residence: City	San Carlos	State	CA	Country	US
Citizenship DE					
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature				Date	
Residence: City	State		Country	DE	
Citizenship DE					
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD; GERMANY					
City	State		Zip	Country DE	
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature				Date	
Residence: City	SAN MATEO	State	CA	Country	US
Citizenship CN					
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B					
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Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship US			
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
City		State	
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		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)      OR	Attorney Docket Number	EX03-079C-US
	First Named Inventor	Plowman, et al
	COMPLETE IF KNOWN	
	Application Number	10/532,406
	Filing Date	April 22, 2005
	Art Unit	
	Examiner Name	Lamont M. Hunter

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **10/22/2003** as United States Application Number or PCT International

Application Number **PCT/US03/33551** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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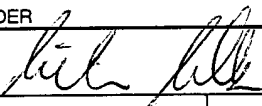
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA		ZIP 94083-0511		
Country US			Telephone 650-837-8223		Fax 650-837-8234		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature					Date		
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature					Date		
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature 		Date 7-2-2006	
Residence: City		State	
		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
THOMAS I.		KOBLIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 2 of 5

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
STEFAN			SCHULTE-MERKER		
Inventor's Signature				Date	
Residence: City	State	Country	NL	Citizenship	DE
Mailing Address HUBRECHT LABORATIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY					
Mailing Address 3584 CT UTRECHT					
City	State	ZIP	Country NL		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
ULRIKE			LANGHEINRICH		
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Mailing Address DERENDINGER STRASSE 104					
Mailing Address 72072 TUEBINGEN					
City	State	Zip	Country DE		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
GORDON MARK			STOTT		
Inventor's Signature				Date	
Residence: City	State	Country	US	Citizenship	GB
Mailing Address 11 UPPER TERRACE					
Mailing Address					
City	State	Zip	Country US		

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 3 of 5

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
TORSTEN				TROWE	
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
Citizenship		DE			
Mailing Address 188 WINFIELD STREET, APTARTMENT 5					
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
Country		US			
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
ANDREAS MICHAEL				VOGEL	
Inventor's Signature				Date	
Residence: City		State		Country	CH
Citizenship		DE			
Mailing Address RAPPOLTSOHF 3					
Mailing Address CH-4057 BASEL					
City		State		Zip	
Country		CH			
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
JOERG HEINRICH				ODENTHAL	
Inventor's Signature				Date	
Residence: City		State		Country	DE
Citizenship		DE			
Mailing Address OTTO-ERBE-WEG 18					
Mailing Address 72070 TUEBINGEN					
City		State		Zip	
Country		DE			

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Supplemental Sheet**

Page 4 of 5

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
JOCHEN KONRAD				SCHEEL	
Inventor's Signature				Date	
Residence: City	SAN CARLOS	State	CA	Country	US
				Citizenship	DE
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
TORSTEN TILMANN				WILL	
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD					
City		State		Zip	
				Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
YISHENG				JIN	
Inventor's Signature				Date	
Residence: City	SAN MATEO	State	CA	Country	US
				Citizenship	CN
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B					
Mailing Address					
City	SAN MATEO	State	CA	Zip	94403
				Country	US

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Supplemental Sheet**

Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature			Date
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
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		Country	

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number EX03-079C-US

First Named Inventor Plowman, et al

COMPLETE IF KNOWN

Application Number 10/532,406

Filing Date April 22, 2005

Art Unit

Examiner Name Lamont M. Hunter

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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[Page 1 of 2]

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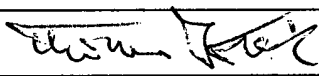
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Name Laleh Shayesteh									
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511									
City South San Francisco				State CA			ZIP 94083-0511		
Country US				Telephone 650-837-8223			Fax 650-837-8234		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) GREGORY D.					Family Name or Surname PLOWMAN				
Inventor's Signature					Date				
Residence: City SAN CARLOS				State CA		Country US		Citizenship US	
Mailing Address 35 WINDING WAY									
City SAN CARLOS				State CA		Zip 94070		Country US	
NAME OF SECOND INVENTOR:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any]) FELIX D.					Family Name or Surname KARIM				
Inventor's Signature					Date				
Residence: City WALNUT CREEK				State CA		Country US		Citizenship US	
Mailing Address 732 LAUREL DRIVE									
City WALNUT CREEK				State CA		Zip 94596		Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.									

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Supplemental Sheet**

Page 1 of 5

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CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor.	
Given Name (first and middle [if any])		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS I.		KOBIZEK	
Inventor's Signature 		Date 10/05/2005	
Residence: City		State	
		Country	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page <u>2</u> of 5	

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
STEFAN			SCHULTE-MERKER		
Inventor's Signature				Date	
Residence: City	State	Country	NL DE		
Mailing Address HUBRECHT LABORATUIM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY					
Mailing Address 3584 CT UTRECHT					
City	State	ZIP	Country NL		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
ULRIKE			LANGHEINRICH		
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Mailing Address DERENDINGER STRASSE 104					
Mailing Address 72072 TUEBINGEN					
City	State	Zip	Country DE		
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
GORDON MARK			STOTT		
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
San Francisco	Ca	US	GB		
Mailing Address 11 UPPER TERRACE					
Mailing Address					
City	State	Zip	Country		
San Francisco	CA	94117	US		

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Page 3 of 5

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname	
TORSTEN			TROWE	
Inventor's Signature			Date	
Residence: City	San Francisco	State	CA	Country
			US	Citizenship
				DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5				
Mailing Address				
City	San Francisco	State	CA	Country
			94110	US
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname	
ANDREAS MICHAEL			VOGEL	
Inventor's Signature			Date	
Residence: City		State		Country
			CH	Citizenship
				DE
Mailing Address RAPPOLTSCHOF 3				
Mailing Address CH-4057 BASEL				
City		State		Country
			Zip	CH
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname	
JOERG HEINRICH			ODENTHAL	
Inventor's Signature			Date	
Residence: City		State		Country
			DE	Citizenship
				DE
Mailing Address OTTO-ERBE-WEG 18				
Mailing Address 72070 TUEBINGEN				
City		State		Country
			Zip	DE

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page <u>4</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
JOCHEN KONRAD				SCHEEL	
Inventor's Signature				Date	
Residence: City	San Carlos	State	CA	Country	US
				Citizenship	DE
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
TORSTEN TILMANN				WILL	
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
				Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
YISHENG				JIN	
Inventor's Signature				Date	
Residence: City	SAN MATEO	State	CA	Country	US
				Citizenship	CN
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B					
Mailing Address					
City	SAN MATEO	State	CA	Zip	94403
				Country	US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-079C-US
	First Named Inventor	Plowman, et al
	COMPLETE IF KNOWN	
	Application Number	10/532,406
	Filing Date	April 22, 2005
	Art Unit	
Examiner Name	Lamont M. Hunter	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE**

the specification of which (Title of the Invention)

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) **10/22/2003** as United States Application Number or PCT International

Application Number **PCT/US03/33551** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA		ZIP 94083-0511		
Country US			Telephone 650-837-8223		Fax 650-837-8234		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature					Date		
Residence: City SAN CARLOS			State CA	Country US		Citizenship US	
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA	Zip 94070		Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature					Date		
Residence: City WALNUT CREEK			State CA	Country US		Citizenship US	
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA	Zip 94596		Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S) Supplemental Sheet</b>
Page <u>1</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
CANDACE			SWIMMER		
Inventor's Signature				Date	
Residence: City	SAN FRANCISCO	State	CA	Country	US
Mailing Address 1064 CAROLINA STREET					
Mailing Address					
City	SAN FRANCISCO	State	CA	ZIP	94107
				Country	US
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
HINRICH ALEXANDER			HABECK		
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74					
Mailing Address 72074 TUEBINGEN					
City		State		Zip	
				Country	DE
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
THOMAS I.			KOBILIZEK		
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GECHTSTR. 31					
Mailing Address 72074 TUEBINGEN					
City		State		Zip	
				Country	DE

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature <i>S. Schulte-Merker</i>		Date <i>Sept 29th 2001</i>	
Residence: City	State	Country NL	Citizenship DE
Mailing Address HUBRECHT LABORATORIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY			
Mailing Address 3584 CT UTRECHT			
City	State	ZIP	Country NL
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address DERENDINGER STRASSE 104			
Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City San Francisco	State Ca	Country US	Citizenship GB
Mailing Address 11 UPPER TERRACE			
Mailing Address			
City San Francisco	State CA	Zip 94117	Country US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TORSTEN		TROWE	
Inventor's Signature		Date	
Residence: City	San Francisco	State	CA
		Country	US
		Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5			
Mailing Address			
City	San Francisco	State	CA
		ZIP	94110
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANDREAS MICHAEL		VOGEL	
Inventor's Signature		Date	
Residence: City		State	
		Country	CH
		Citizenship	DE
Mailing Address RAPPOLTSHOF 3			
Mailing Address CH-4057 BASEL			
City		State	
		Zip	
		Country	CH
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOERG HEINRICH		ODENTHAL	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18			
Mailing Address 72070 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 4 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOCHEN KONRAD		SCHEEL	
Inventor's Signature		Date	
Residence: City	San Carlos	State	CA
Country	US	Citizenship	DE
Mailing Address 1065 LUPIN WAY			
Mailing Address			
City	San Carlos	State	Ca
ZIP	94070	Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TORSTEN TILMANN		WILL	
Inventor's Signature		Date	
Residence: City		State	
Country	DE	Citizenship	DE
Mailing Address Bismarckstr. 4			
Mailing Address D-33615 BIELEFELD; GERMANY			
City		State	
Zip		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
YISHENG		JIN	
Inventor's Signature		Date	
Residence: City	Princeton	State	NJ
Country	US	Citizenship	CN
Mailing Address 24 Colebrook Ct.			
Mailing Address			
City	Princeton	State	NJ
Zip	08540	Country	US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address		1249 RHODE ISLAND STREET	
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-079C-US
	First Named Inventor	Plowman, et al
	<i>COMPLETE IF KNOWN</i>	
	Application Number	10/532,406
	Filing Date	April 22, 2005
	Art Unit	
Examiner Name		Lamont M. Hunter

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE**

the specification of which *(Title of the Invention)*

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number		23500	OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh				
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511				
City South San Francisco	State CA	ZIP 94083-0511		
Country US	Telephone 650-837-8223	Fax 650-837-8234		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) GREGORY D.		Family Name or Surname PLOWMAN		
Inventor's Signature		Date		
Residence: City SAN CARLOS	State CA	Country US	Citizenship US	
Mailing Address 35 WINDING WAY				
City SAN CARLOS	State CA	Zip 94070	Country US	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) FELIX D.		Family Name or Surname KARIM		
Inventor's Signature		Date		
Residence: City WALNUT CREEK	State CA	Country US	Citizenship US	
Mailing Address 732 LAUREL DRIVE				
City WALNUT CREEK	State CA	Zip 94596	Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
		Citizenship	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS I.		KOBIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 2 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country NL	Citizenship DE
Mailing Address HUBRECHT LABORATORIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY			
Mailing Address 3584 CT UTRECHT			
City	State	ZIP	Country NL
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature <i>Ulrike Langheinrich</i>		Date <i>7th October 2005</i>	
Residence: City	State	Country DE	Citizenship DE
Mailing Address Kirschnerstrasse 3c			
Mailing Address 82327 Tutzing <i>TUTZING Langheinrich 7th October 2005</i>			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City San Francisco	State Ca	Country US	Citizenship GB
Mailing Address 11 UPPER TERRACE			
Mailing Address			
City San Francisco	State CA	Zip 94117	Country US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 5

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
TORSTEN			TROWE		
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
				Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5					
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
ANDREAS MICHAEL			VOGEL		
Inventor's Signature				Date	
Residence: City		State		Country	CH
				Citizenship	DE
Mailing Address RAPPOLTSHOF 3					
Mailing Address CH-4057 BASEL					
City		State		Zip	
				Country	CH
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
JOERG HEINRICH			ODENTHAL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18					
Mailing Address 72070 TUEBINGEN					
City		State		Zip	
				Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 4 of 5

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
JOCHEN KONRAD			SCHEEL		
Inventor's Signature				Date	
Residence: City	San Carlos	State	CA	Country	US
				Citizenship	DE
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
				Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature				Date	
Residence: City	Princeton	State	NJ	Country	US
				Citizenship	CN
Mailing Address 24 Colebrook Ct.					
Mailing Address					
City	Princeton	State	NJ	Zip	08540
				Country	US

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Supplemental Sheet**

Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number      EX03-079C-US

First Named Inventor      Plowman, et al

COMPLETE IF KNOWN

Application Number      10/532,406

Filing Date      April 22, 2005

Art Unit

Examiner Name      Lamont M. Hunter

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which      (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)      10/22/2003      as United States Application Number or PCT International

Application Number      PCT/US03/33551      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number 23500 OR ☐ Correspondence address below

Name

Laleh Shayesteh

Address

Exelixis, Inc.

170 Harbor Way

P.O. Box 511

City

South San Francisco

State

CA

ZIP

94083-0511

Country

US

Telephone

650-837-8223

Fax

650-837-8234

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

GREGORY D.

Family Name or Surname

PLOWMAN

Inventor's Signature

Date

Residence: City

SAN CARLOS

State

CA

Country

US

Citizenship

US

Mailing Address

35 WINDING WAY

City

SAN CARLOS

State

CA

Zip

94070

Country

US

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

FELIX D.

Family Name or Surname

KARIM

Inventor's Signature

Date

Residence: City

WALNUT CREEK

State

CA

Country

US

Citizenship

US

Mailing Address

732 LAUREL DRIVE

City

WALNUT CREEK

State

CA

Zip

94596

Country

US



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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 5

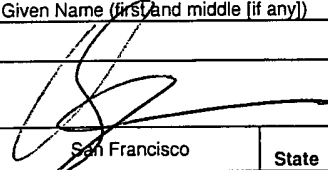
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
CANDACE			SWIMMER		
Inventor's Signature				Date	
Residence: City	SAN FRANCISCO	State	CA	Country	US
Mailing Address 1064 CAROLINA STREET					
Mailing Address					
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			Country	US	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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HINRICH ALEXANDER			HABECK		
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74					
Mailing Address 72074 TUEBINGEN					
City		State		Zip	
			Country	DE	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
THOMAS I.			KOBLIZEK		
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GECHTSTR. 31					
Mailing Address 72074 TUEBINGEN					
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Supplemental Sheet**

Page 2 of 5

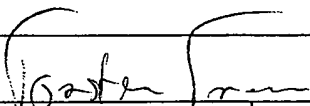
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country NL	Citizenship DE
Mailing Address HUBRECHT LABORATUIM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY			
Mailing Address 3584 CT UTRECHT			
City	State	ZIP	Country NL
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address DERENDINGER STRASSE 104			
Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature 		Date 10/05/05	
Residence: City San Francisco	State Ca	Country US	Citizenship GB
Mailing Address 11 UPPER TERRACE			
Mailing Address			
City San Francisco	State CA	Zip 94117	Country US

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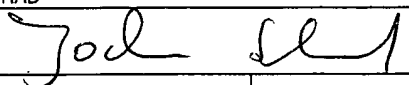
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TORSTEN		TROWE	
Inventor's Signature 		Date 9-26-05	
Residence: City	San Francisco	State	CA
		Country	US
		Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5			
Mailing Address			
City	San Francisco	State	CA
		ZIP	94110
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ANDREAS MICHAEL		VOGEL	
Inventor's Signature		Date	
Residence: City		State	
		Country	CH
		Citizenship	DE
Mailing Address RAPPOLTSOHF 3			
Mailing Address CH-4057 BASEL			
City		State	
		Zip	
		Country	CH
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOERG HEINRICH		ODENTHAL	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18			
Mailing Address 72070 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 4 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOCHEN KONRAD		SCHEEL	
Inventor's Signature 		Date 10/25/05	
Residence: City	SAN CARLOS	State	CA
		Country	US
		Citizenship	DE
Mailing Address 1065 LUPIN WAY			
Mailing Address			
City	San Carlos	State	Ca
		ZIP	94070
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TORSTEN TILMANN		WILL	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address FRIEDRICHSTR 29			
Mailing Address D-33615 BIELEFELD			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
YISHENG		JIN	
Inventor's Signature		Date	
Residence: City	SAN MATEO	State	CA
		Country	US
		Citizenship	CN
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B			
Mailing Address			
City	SAN MATEO	State	CA
		Zip	94403
		Country	US

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature <i>Joanne I. Adamkewicz</i>		Date <i>9/23/05</i>	
Residence: City	State	Country	Citizenship
SAN FRANCISCO	CA	US	US
Mailing Address <i>1242 RHODE ISLAND STREET 757A McClay Road</i>			
Mailing Address			
City	State	ZIP	Country
<i>SAN FRANCISCO</i>	CA	<i>94107</i>	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number EX03-079C-US

First Named Inventor Plowman, et al

COMPLETE IF KNOWN

Application Number 10/532,406

Filing Date April 22, 2005

Art Unit

Examiner Name Lamont M. Hunter

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA			ZIP 94083-0511	
Country US			Telephone 650-837-8223			Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature						Date	
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature						Date	
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Citizenship US			
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Citizenship DE			
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS I.		KOBIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
Citizenship DE			
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

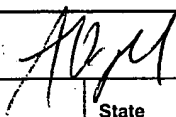
Page 2 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country NL	Citizenship DE
Mailing Address HUBRECHT LABORATIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY			
Mailing Address 3584 CT UTRECHT			
City	State	ZIP	Country NL
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address DERENDINGER STRASSE 104			
Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
San Francisco	Ca	US	GB
Mailing Address 11 UPPER TERRACE			
Mailing Address			
City	State	Zip	Country
San Francisco	CA	94117	US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
TORSTEN		TROWE	
Inventor's Signature		Date	
Residence: City	San Francisco	State	CA
		Country	US
		Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5			
Mailing Address			
City	San Francisco	State	CA
		ZIP	94110
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ANDREAS MICHAEL		VOGEL	
Inventor's Signature 		Date 30 Sep 2005	
Residence: City		State	
		Country	CH
		Citizenship	DE
Mailing Address RAPPOLTSCHOF 3			
Mailing Address CH-4057 BASEL			
City		State	
		Zip	
		Country	CH
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOERG HEINRICH		ODENTHAL	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18			
Mailing Address 72070 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 4 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOCHEN KONRAD		SCHEEL	
Inventor's Signature		Date	
Residence: City	San Carlos	State	CA
Country	US	Citizenship	DE
Mailing Address 1065 LUPIN WAY			
Mailing Address			
City	San Carlos	State	Ca
ZIP	94070	Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
TORSTEN TILMANN		WILL	
Inventor's Signature		Date	
Residence: City		State	
Country	DE	Citizenship	DE
Mailing Address FRIEDRICHSTR 29			
Mailing Address D-33615 BIELEFELD; GERMANY			
City		State	
Zip		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
YISHENG		JIN	
Inventor's Signature		Date	
Residence: City	SAN MATEO	State	CA
Country	US	Citizenship	CN
Mailing Address 192 36 <sup>TH</sup> AVENUE, APT. B			
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page <u>5</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
JOANNE I.			ADAMKEWICZ		
Inventor's Signature				Date	
Residence: City	SAN FRANCISCO	State	CA	Country	US
Mailing Address 1249 RHODE ISLAND STREET					
Mailing Address					
City	SAN FRANCISCO	State	CA	ZIP	94107
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		Zip	
				Country	
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Mailing Address					
Mailing Address					
City		State		Zip	
				Country	

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-079C-US
	First Named Inventor	Plowman, et al
	COMPLETE IF KNOWN	
	Application Number	10/532,406
	Filing Date	April 22, 2005
	Art Unit	
	Examiner Name	Lamont M. Hunter

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Peter K. Seperack							
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City South San Francisco			State CA			ZIP 94083-0511	
Country US			Telephone 650-837-8223			Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature						Date	
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature						Date	
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
CANDACE		SWIMMER	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1064 CAROLINA STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
HINRICH ALEXANDER		HABECK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address GERTRUD-BAEUMER-STR. 74			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
THOMAS I.		KOBLIZEK	
Inventor's Signature		Date	
Residence: City		State	
		Country	DE
		Citizenship	DE
Mailing Address GECHTSTR. 31			
Mailing Address 72074 TUEBINGEN			
City		State	
		Zip	
		Country	DE

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<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
STEFAN			SCHULTE-MERKER		
Inventor's Signature				Date	
Residence: City	State	Country	NL	Citizenship	DE
Mailing Address HUBRECHT LABORATIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY					
Mailing Address 3584 CT UTRECHT					
City	State	ZIP	Country	NL	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
ULRIKE			LANGHEINRICH		
Inventor's Signature				Date	
Residence: City	State	Country	DE	Citizenship	DE
Mailing Address Kirschnerstrasse 3c					
Mailing Address 82327 Tutzing					
City	State	Zip	Country	DE	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
GORDON MARK			STOTT		
Inventor's Signature				Date	
Residence: City	State	Country	US	Citizenship	GB
Mailing Address 11 UPPER TERRACE					
Mailing Address					
City	State	Zip	Country	US	

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<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
TORSTEN			TROWE		
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
				Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5					
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
ANDREAS MICHAEL			VOGEL		
Inventor's Signature				Date	
Residence: City		State		Country	CH
				Citizenship	DE
Mailing Address RAPPOLTSCHOF 3					
Mailing Address CH-4057 BASEL					
City		State		Zip	
				Country	CH
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
JOERG HEINRICH			ODENTHAL		
Inventor's Signature 				Date 13.2.2006	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18					
Mailing Address 72070 TUEBINGEN					
City		State		Zip	
				Country	DE

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<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
JOCHEN KONRAD			SCHEEL		
Inventor's Signature				Date	
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Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
		State	Ca	Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
		State		Country	DE
Mailing Address Bismarckstr. 4					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
		State		Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature				Date	
Residence: City	Princeton	State	NJ	Country	US
		State	NJ	Country	US
Mailing Address 24 Colebrook Ct.					
Mailing Address					
City	Princeton	State	NJ	Zip	08540
		State	NJ	Country	US

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page <u>5</u> of <u>5</u>	

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
Residence: City		State	
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Mailing Address			
Mailing Address			
City		State	
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	EX03-079C-US
	First Named Inventor	Plowman, et al
	<i>COMPLETE IF KNOWN</i>	
	Application Number	10/532,406
	Filing Date	April 22, 2005
	Art Unit	
	Examiner Name	Lamont M. Hunter

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE**

the specification of which *(Title of the Invention)*

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/22/2003 as United States Application Number or PCT International

Application Number PCT/US03/33551 and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

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Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA			ZIP 94083-0511	
Country US			Telephone 650-837-8223			Fax 650-837-8234	
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Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature						Date	
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature						Date	
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
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Mailing Address					
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				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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HINRICH ALEXANDER				HABECK	
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74					
Mailing Address 72074 TUEBINGEN					
City		State		Zip	
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THOMAS I.				KOBLIZEK.	
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GECHTSTR. 31					
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Given Name (first and middle [if any])		Family Name or Surname	
STEFAN		SCHULTE-MERKER	
Inventor's Signature		Date	
Residence: City	State	Country DE	Citizenship DE
Mailing Address KRONENSTR. 17			
Mailing Address 72070 TUEBINGEN			
City	State	ZIP	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ULRIKE		LANGHEINRICH	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address DERENDINGER STRASSE 104			
Mailing Address 72072 TUEBINGEN			
City	State	Zip	Country DE
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
GORDON MARK		STOTT	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
San Francisco	Ca	US	DE
Mailing Address 11 UPPER TERRACE			
Mailing Address			
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San Francisco	CA	94117	US

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Mailing Address 188 WINFIELD STREET, APTARTMENT 5					
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<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
ANDREAS MICHAEL			VOGEL		
Inventor's Signature				Date	
Residence: City		State		Country	
		State		Country	DE
Mailing Address Rappoltshof 3					
Mailing Address CH-4057 Basel; Switzerland					
City		State		Zip	
		State		Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
JOERG HEINRICH			ODENTHAL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
		State		Country	DE
Mailing Address OTTO-ERBE-WEG 18					
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JOCHEN KONRAD			SCHEEL		
Inventor's Signature				Date	
Residence: City	San Carlos	State	CA	Country	US
		State	CA	Country	DE
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
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Given Name (first and middle [if any])			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature 				Date Jan 24, 2006	
Residence: City		State		Country	DE
		State		Country	DE
Mailing Address Bismarckstr. 4					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
		State		Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature				Date	
Residence: City	Princeton	State	NJ	Country	US
		State	NJ	Country	CN
Mailing Address 24 Colebrook Ct.					
Mailing Address					
City	Princeton	State	NJ	Zip	08540
		State	NJ	Country	US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted With Initial  
Filing

**OR**

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number EX03-079C-US

First Named Inventor Plowman, et al

COMPLETE IF KNOWN

Application Number 10/532,406

Filing Date April 22, 2005

Art Unit

Examiner Name Lamont M. Hunter

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAPK7 AS MODIFIER OF BRANCHING MORPHOGENESIS AND METHODS OF USE

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

10/22/2003

as United States Application Number or PCT International

Application Number

PCT/US03/33551

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number				23500		OR <input type="checkbox"/> Correspondence address below	
Name Laleh Shayesteh							
Address Exelixis, Inc. 170 Harbor Way P.O. Box 511							
City South San Francisco			State CA			ZIP 94083-0511	
Country US			Telephone 650-837-8223			Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) GREGORY D.				Family Name or Surname PLOWMAN			
Inventor's Signature						Date	
Residence: City SAN CARLOS			State CA		Country US		Citizenship US
Mailing Address 35 WINDING WAY							
City SAN CARLOS			State CA		Zip 94070		Country US
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) FELIX D.				Family Name or Surname KARIM			
Inventor's Signature						Date	
Residence: City WALNUT CREEK			State CA		Country US		Citizenship US
Mailing Address 732 LAUREL DRIVE							
City WALNUT CREEK			State CA		Zip 94596		Country US
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 5 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.							

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page 1 of 5

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
CANDACE			SWIMMER		
Inventor's Signature				Date	
Residence: City	SAN FRANCISCO	State	CA	Country	US
Mailing Address 1064 CAROLINA STREET					
Mailing Address					
City	SAN FRANCISCO	State	CA	ZIP	94107
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
HINRICH ALEXANDER			HABECK		
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GERTRUD-BAEUMER-STR. 74					
Mailing Address 72074 TUEBINGEN					
City		State		Zip	
				Country	DE
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
THOMAS I.			KOBLIZEK		
Inventor's Signature				Date	
Residence: City		State		Country	DE
Mailing Address GECHTSTR. 31					
Mailing Address 72074 TUEBINGEN					
City		State		Zip	
				Country	DE

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 of 5

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
STEFAN			SCHULTE-MERKER		
Inventor's Signature				Date	
Residence: City	State	Country	NL	Citizenship	DE
Mailing Address HUBRECHT LABORATIUM; NETHERLANDS INSTITUTE FOR DEVELOPMENTAL BIOLOGY					
Mailing Address 3584 CT UTRECHT					
City	State	ZIP	Country	NL	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
ULRIKE			LANGHEINRICH		
Inventor's Signature				Date	
Residence: City	State	Country		Citizenship	
Mailing Address DERENDINGER STRASSE 104					
Mailing Address 72072 TUEBINGEN					
City	State	Zip	Country	DE	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
GORDON MARK			STOTT		
Inventor's Signature				Date	
Residence: City	State	Country	US	Citizenship	GB
Mailing Address 11 UPPER TERRACE					
Mailing Address					
City	State	Zip	Country	US	

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 3 of 5

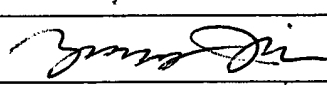
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
TORSTEN			TROWE		
Inventor's Signature				Date	
Residence: City	San Francisco	State	CA	Country	US
				Citizenship	DE
Mailing Address 188 WINFIELD STREET, APTARTMENT 5					
Mailing Address					
City	San Francisco	State	CA	ZIP	94110
				Country	US
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
ANDREAS MICHAEL			VOGEL		
Inventor's Signature				Date	
Residence: City		State		Country	CH
				Citizenship	DE
Mailing Address RAPPOLTSCHOF 3					
Mailing Address CH-4057 BASEL					
City		State		Zip	
				Country	CH
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
JOERG HEINRICH			ODENTHAL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
				Citizenship	DE
Mailing Address OTTO-ERBE-WEG 18					
Mailing Address 72070 TUEBINGEN					
City		State		Zip	
				Country	DE

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Supplemental Sheet**

Page 4 of 5

<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
JOCHEN KONRAD			SCHEEL		
Inventor's Signature				Date	
Residence: City	San Carlos	State	CA	Country	US
		Citizenship	DE		
Mailing Address 1065 LUPIN WAY					
Mailing Address					
City	San Carlos	State	Ca	ZIP	94070
		Country	US		
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
TORSTEN TILMANN			WILL		
Inventor's Signature				Date	
Residence: City		State		Country	DE
		Citizenship	DE		
Mailing Address FRIEDRICHSTR 29					
Mailing Address D-33615 BIELEFELD; GERMANY					
City		State		Zip	
		Country	DE		
<b>Name of Additional Inventor, if any</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname		
YISHENG			JIN		
Inventor's Signature 				Date 9/20/05	
Residence: City	Princeton	State	NJ	Country	US
		Citizenship	CN		
Mailing Address 24 Colebrook Ct.					
Mailing Address					
City	Princeton	State	NJ	Zip	08540
		Country	US		

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Page 5 of 5

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JOANNE I.		ADAMKEWICZ	
Inventor's Signature		Date	
Residence: City	SAN FRANCISCO	State	CA
		Country	US
Mailing Address 1249 RHODE ISLAND STREET			
Mailing Address			
City	SAN FRANCISCO	State	CA
		ZIP	94107
		Country	US
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	
<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
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		Country	
Mailing Address			
Mailing Address			
City		State	
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